

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> 107018623	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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22							72						
23			/				73						
24				/			74						
25				/			75						
26				/			76						
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33				/			83						
34				/			84						
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36				/			86						
37				/			87						
38			/				88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43			/				93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			23				TOTAL DEP.						
TOTAL CLAIMS			26				TOTAL CLAIMS						